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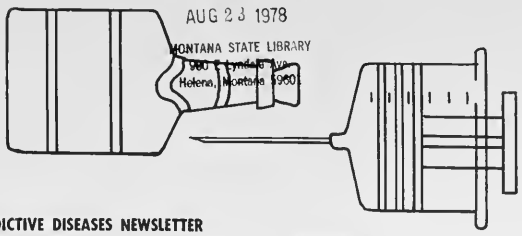
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MONTANA ADDICTIVE DISEASES NEWSLETTER

Volume 3, Number 2

Summer, 1977

Fr. Martin, Dr. Emrick Launch Summer School

Montana's First Annual Summer School of Substance Abuse Studies, held the week of June 13-17 at the College of Great Falls, has been pronounced a resounding success by participants and facilitators. Featured speakers were Fr. Joseph Martin of Maryland and Dr. Chad Emrick of Aurora Mental Health Center in Denver, both noted authorities in the field.

Fr. Martin, characterized as "super knowledgeable, energetic and highly charismatic," addressed an audience of nearly four hundred to open the Summer School Monday night, and spoke on prevention to about two hundred the following day. About ninety participants attended the balance of Summer School sessions representing such fields as social work, education, medical professions, the clergy and program staff. The school was open to the public and drew participants and many inquiries from out-of-state.

A variety of sessions covered topics such as the psychological, physiological and medical aspects of alcoholism, a cultural and historical review as well as a very thorough review of current literature and research. Participants received two college credits for attendance.

Speakers and assistance were provided by Providence Alcoholism Center in Great Falls, by Rimrock Guidance Foundation in Billings, and by Regional



Eastern Montana — Will community based "natural service providers" be an answer for extending substance abuse services to rural areas? See story page 3.

Addictive Disease Resource Development Specialist Don McDonald. The Summer School series was wholly supported by State funding.

Next year's Summer School will be conducted along a similar format but at a different location in the State to allow greater public participation from other communities. The overall purpose of the program is to generate a higher level of community awareness and understanding of alcoholics and alcoholism.

Alcoholics and Addicts Declared Handicapped by New Federal Regs

A significant precedent may have been set to include drug and alcohol abusers among handicapped individuals when HEW Secretary Joseph Califano, Jr., issued regulations designed to implement Section 504 of the Rehabilitation Act of 1973. The Act bars discrimination against otherwise qualified handicapped individuals by federally funded programs and organizations.

A 17-page opinion issued by Attorney General Griffin Bell concluded that "alcoholics and drug addicts are 'handicapped individuals' for the purposes of . . . Section 504." Inclusion of alcoholics and addicts was reportedly opposed by Califano and was the basis of a decision by outgoing HEW Secretary David Mathews to delay signing the regulations. A nationwide demonstration by handicapped persons protesting the delay continued several weeks before Califano signed the regulations.

"The regulations, published in the May 4 Federal Register, allow individual recipients of federal funds considerable latitude, according to Califano, to 'make decisions on the individual's behavior caused by such diseases.' While the regulations apply only to HEW programs, they are expected to be the basis for similar regulations to be developed by other federal agencies.

In an April 12 letter to Califano, Bell summed up the issue by saying: "The statute does not require the impossible. It does not unrealistically

require that recipients of federal contracts and grants ignore all the behavioral or other problems that may accompany a person's alcoholism or drug addiction if they interfere with the performance of his job or his effective participation in a federally assisted program.

"At the same time, the statute requires that contractors and grantees covered by the Act not automatically deny employment or benefits to persons solely because they might find their status as alcoholics or drug addicts personally offensive, any more than contractors and grantees could discriminate against an individual who had some other condition or disease — such as cancer, multiple sclerosis, amputation, or blindness — unless its manifestations or his conduct rendered him ineligible.

"Between these two basic principles, there is considerable latitude for formulating appropriate rules applicable to specific cases."

The new regulations are also intended to implement provisions of the Comprehensive Alcoholism Act and the Drug Abuse Office and Treatment Act prohibiting discrimination against alcoholics and addicts by hospitals and outpatient facilities. The provision does not require all facilities to treat drug addiction or alcoholism, but rather prohibits facilities from denying treatment on the basis of chemical dependency.

ALCOHOL GRANTS NOTICE

Alcohol program grant applications and instructional materials for 1978 will be mailed to all approved programs by Aug. 5, 1977. Completed grant applications and operational plans are due at the State office by Sept. 2.

Applications will be reviewed by State staff Sept. 6-9, and by the State Advisory Council Sept. 12-16. Official notice of approval will be made to programs by Oct. 3.

Confidentiality Regs for Clients Discussed

In 1975, the Special Action Office for Drug Abuse Prevention and the U.S. Dept. Health, Education and Welfare jointly promulgated regulations for confidentiality of drug and alcohol abuse client records.

The regulations apply to any institution that is supported in whole or in part by federal grant, contract or otherwise by any federal agency, is licensed or otherwise approved by any federal agency, or has been given tax exempt status or receives tax deductible contributions.

Rule 2.13(d) concerning crimes or threatened crimes by clients on program premises does not prohibit program personnel from reporting the crime or from seeking assistance from a law enforcement agency. However, the report should not identify the individual as a client.

Rule 2.13(e) prohibits programs from responding to inquiries about any person's description, name or other identification, whether or not the person is enrolled as a client. A noncommittal response is suggested such as: "I'm sorry, but federal confidentiality regulations prohibit me from answering that question."

Rule 2.13(f) specifies that the presence of inpatient clients at any facility for drug or alcohol abuse treatment may not be acknowledged without the client's written consent. The presence of any inpatient or resident in a facility (for example a hospital or halfway house) for the treatment of a variety of conditions may be acknowledged without consent, if the response does not indicate that the client is being treated for drug or alcohol abuse.

STAFF CHANGES

PAUL BABBITT, formerly Substance Abuse Prevention Coordinator at the State office, has retired from State government to take a management position with a private publishing firm. Trainer ROD GWALTNEY has been named acting Prevention Coordinator until the position is officially filled.

JOAN RUTLEDGE, formerly Reporting Supervisor at the State office, has left Montana to attend the University of New Mexico at Albuquerque. Joan has been replaced by DICK PETAJA (Pa-ti-ja), a '67 graduate of University of Montana, who is presently completing a MA degree in sociology.

Also new at the State office is Program Evaluator DANNY PERESSINI (Pera-ce-nee) who will be involved in site visit evaluations of all approved substance abuse programs in Montana.

HSA: WILL HEALTH SYSTEMS AGENCIES BE THE ULTIMATE HEALTH PLANNERS?

In 1966, Comprehensive Health Planning (CHP) was created by federal legislation to initiate local-based health planning across the nation. State and regional (or areawide) councils composed of equal numbers of providers and consumers of health care were organized to identify health resources and problems, to plan for efficient expenditure of resources to meet identified problems, and to plan ways to improve service delivery. In Montana, a State advisory council was created, along with a Division of Comprehensive Health Planning (314-A agency) located in the State Department of Health and Environmental Sciences. Areawide councils and staff (314-B agencies) were organized for five multi-county planning districts which correspond to the present five Mental Health Planning regions, through areas were numbered differently.

Nationally, CHP organizations were found by Congress to be ineffective, particularly at the critical task of reducing costs. In the face of rapidly increasing health care costs, PL 93-641 was enacted creating Health Systems Agencies (HSA's) nationwide, with federal funding from the U.S. Department of Health, Education and Welfare (HEW). HSA's may be non-profit corporations similar to area CHP agencies, with provider and consumer representatives composing the governing boards. Because HSA's were established on the basis of population in individual planning regions, Montana qualified for only one Statewide HSA rather than one HSA per sub-State planning region as was common in many more populated States.

The State CHP Division was converted to a State Health Planning Development Agency (SHPDA),

which is the Health Planning and Resource Development Bureau of the Hospital and Medical Facilities Division, State Department of Health and Environmental Sciences. The SHPDA is responsible for developing a State Health Plan which encompasses the individual plans of all State health agencies. Areawide health planning organizations have been reorganized to serve as "sub-area advisory councils" to the single State HSA.

According to Ralph Gildroy, Executive Director of Montana Health Systems Agency, Inc., MSHA was incorporated in June of 1975, and has been fully staffed since January of 1977. MSHA has, however, been only conditionally designated by the Secretary of HEW. The agency should be officially designated within the next two years, contingent on approval of the Health Systems Plan and Annual Implementation Plan which are now in preparation. The distinction between conditional and official designation is important, says Gildroy. Under conditional designation, the HSA's authority is limited to a review and comment role as opposed to a review and approval role which comes with official designation.

The Montana governing board, said Gildroy, is composed of 42 members, 51-60 percent consumers of health care and the balance providers, who are approved for membership by the Secretary of HEW.

The 18-member HSA Executive Committee has also been designated as the Statewide Health Coordinating Council (SHCC), which is also the advisory body for the SHPDA. In a multi-HSA State, the HSA and SHCC would be separate bodies, but since Montana has only a single statewide HSA, the groups have been combined. Provider representatives are selected by State provider organizations such as the Montana Medical Assn., Nursing Assn., Hospital Assn. and Nursing Home Assn., while consumer representatives are elected by sub-area advisory councils.

Gildroy lists a broad range of planning, implementation and review responsibilities with which the budding HSA has been charged by PL 93-641. The HSA must develop an annual Health Systems Plan and a separate Implementation Plan for Montana prior to official designation by HEW. Since SHPDA is charged with developing a State Health Plan and since both agencies share the same advisory board, coordination between these two planning agencies should produce, according to Gildroy, a single Health Systems/State Health Plan.

The federal expenditure review functions of MSHA will probably be of greatest importance to chemical dependency programs because of the present level of reliance on federal funding to support drug, alcohol and mental health programs. Gildroy says MSHA will review all health facilities licensed by the Hospital and Medical Facilities Division. While under conditional designation status, MSHA will review and comment on all annual federal grant applications and plans. When fully designated, it will approve health-related grant applications and annual plans which involve federal health

dollars. Full designation will also enable MSHA to expend resource development funds, allocated by HEW to individual States on a per capita basis, to implement the State Health Plan. Gildroy cites the Montana Certificate of Need Law, the 1122 Social Security Act and PL 93-641, Section 1513, as the legal basis for operation of MSHA.

Generally, the HSA will require a Certificate of Need for construction of new health facilities and can conduct independent site visits of any program which is supported by federal funding. This clearly includes chemical dependency programs, Mental Health Centers, hospitals, nursing homes and social service centers. The HSA Program Review Committee, composed of MSHA Board members, will preside over all reviews of Statewide significance, while Sub-area Council Committees will recommend action on local or regional matters. At present, HSA review is accomplished in addition to reviews conducted by the A-95 Clearinghouse, Office of Management and Budget. The HSA has no review authority over expenditures of State funds or over federal dollars that are not earmarked for health. The fully designated HSA is mandated to review and recommend to the SHPDA the need for new institutional health services, and to review the appropriateness of all existing institutional health services within three years.

Gildroy encouraged local and regional program workers to become involved in sub-area planning councils to assure that chemical dependency concerns are adequately represented and to become fully informed of planning activity. Additional questions about organization or operation of Montana's HSA should be directed to: Montana HSA Inc., 324 Fuller Ave., Helena, MT 59601, 443-5965.

Wife Abuse Subject Of Workshop Series

A two-day workshop on wife abuse, developed by the Addictive Diseases Bureau (ADB) Training Section, was initiated July 13-14 in Glendive. The workshop was coordinated with Action of Eastern Montana, the Eastern Regional Community Action Program, and involved fourteen participants from both substance abuse programs and the CAP agency. Planning for the workshop involved a newly organized regional task force on wife abuse and regional substance abuse resource staff contracted to the Regional Mental Health Center.

According to Ken Ideus, State coordinator for the workshop series, the series will present new concepts in communication and values clarification, and will approach wife abuse as a distinct problem. Ideus said the workshop was designed to enable participants to explore their own attitudes as well as to enable them to deal with those of clients.

Coin-operated A.L.A.R.M. Measures Breath Alcohol

Bar patrons may be offered an objective measurement of their chances of driving home safely if a new coin operated breath analyzer can compete with juke boxes, pinball machines and video games for spare change.

Called A.L.A.R.M. [Alcohol Level Awareness Reporting Mechanism], the device offers "an accurate 7 second test that's so simple it can even be taken by a drunk," according to manufacturer CEB Industries, Inc. After reading instructions and inserting coins (adjustable from 25c to \$1.75 per test), the customer blows through a straw into the machine for approximately 6 seconds.

Test results indicating breath alcohol content are displayed almost immediately by digital readout and by a meter reading graded "pass," "risky," and "fail." Three different audible tones accompany the meter readings, with an optional attachment which can print time, date and test results. Another option allows customers to guess at their blood alcohol count and will return coins if the guess is correct.

The Alcohol A.L.A.R.M. machines sells for under \$700 dollars and may be obtained on lease from distributors of amusements. Contact ADB for additional information.

"Ramona" Provokes Thoughts on Changes During Recovery

Taken from "Montana News and Views," published by Montana Allied Al-Anon, P.O. Box 605, Deer Lodge, MT.

"The other night at meeting we heard again the tale of Ramona, "Ramona from Oklahoma." This time the thing that struck me was her statement that she and her husband had to build a new life when he attained sobriety — there was nothing of the old life that could be saved.

"I have been thinking about the two years since my husband has been sober. It is a precarious sobriety at best since he has not sought help from A.A. or any other source but it is true that we have been building a new life.

"To me this means change and it is obvious to anyone who knows my husband that he has changed. The question is: 'Have I changed for the better too?'

"He is much more patient with the children and with me than before. Am I more patient and able to listen better? He has changed his life so much. Since he no longer goes to the places where his drinking buddies are, they have fallen away and he has found other interests to take their place. Is it right for me, then, to keep on with all my old friends and activities that took me out of the house simply because 'there was nothing wrong with me, or my habits or friends?' I feel my life should be changing too, to meet his needs better and to spend more time with him.

"His eating habits have even changed and now he enjoys foods that were once on his 'hate' list. Am I keeping up with this new awareness of taste by preparing meals with a difference?

"I used to feel each negative statement was a direct attack on my ego. Now I am trying to remember that I can be exactly as happy as I want to be. I try to stop reacting with outrage and hurt feelings to many statements which were meant to be merely gentle teasing.

"Al-Anon has been a great help to me as I try to change habits of almost a lifetime and I find the meetings a source of spiritual strength as we share our efforts to build a new life for ourselves, whether our spouses are sober or not." — Dorothy P. of Glendive.

Ten AA Tips to Docs

Alcoholics Anonymous offers ten suggestions to physicians. When dealing with a suspected alcoholic, 1) tell the patient directly and bluntly about a diagnosis of alcoholism; 2) explain that the patient is suffering from an illness and not a moral weakness; 3) explain that alcoholism is progressive and will get worse if the patient continues drinking; 4) explain that alcoholism is treatable; 5) encourage the patient to admit that personal problems are caused by drinking, not vice versa; 6) explain to the patient where and how to reach available services; 7) tell the patient about Alcoholics Anonymous.

In addition, AA recommends that the physician 8) attend AA meetings as an observer to understand how the organization works; 9) keep a local AA meeting schedule; 10) become acquainted with some AA members for referral purposes.

AA recommends that the physician directly confront the alcoholic about drinking, to lessen the possibility of defense and denial by the patient. Seeing AA in action should make the physician more informed and confident with alcoholic referrals.

AMBASSADOR'S NOTE

Martha Herlevi, Senior Member of the Montana State Advisory Council for Alcohol and Drug Abuse who was born in Butte of Finnish parents, visited her parents' native country as the Governor's Special Ambassador to Finland this summer. Martha's card:

Dear Mike, Bureau, Dept. Staff, et al, and even George:

Have studied the drug (including alcohol) problem from the Parliament down to the gutter (literally, not figuratively) and am in a daze, so the situation is normal. On the 19th I blast for home and am eager to come to Helena — as usual. Any excuse will do.

Have eaten reindeer, kropsua, and salt herring.
See You! Love, Martha

Natural Providers—the Rural Service Answer?

The topic of natural providers (community caretakers) was the theme of a series of discussions between State substance abuse, Corrections and Mental Health staff and visiting consultant Steve Spelic, MSW, of Omaha, Neb. Spelic discussed natural providers from the standpoint of how to identify and develop a rapport with them, and how to train them to meet specific needs.

According to Ken Ideus, State resource person for the meetings, the primary group of natural providers in the field of alcoholism will be bartenders and liquor store managers in rural areas. Specific discussions centered on how to approach natural providers to gain willing involvement, and what types of training (problem identification, mini-counseling, referral and crisis intervention) should be offered.

In the area of corrections, Ideus said that the focus of discussions was development and training of sponsors for the existing work and school fur-
lough program. Sponsors, who may be friends of the inmate or responsible community individuals, are the primary support base for the program, but often lack the skills to deal with specialized problems. Spelic met with a group of sponsors to discuss questions and problems, and with administrators to design a future sponsor training program.

Spelic also met with a Mental Health personnel task force organized to fill professional service gaps in rural communities with natural providers (school teachers, barbers, beauticians, physicians, etc.). Specific topics included familiarization with current problems and planning for identification and ongoing development of natural providers as Mental Health resources.

Coke Study Out

Among the findings of a major research report on cocaine released by NIDA in early July is the recognition that cocaine is among the most powerfully reinforcing of all abused drugs. Death from cocaine, although rare and unpredictable, can occur from snorting as well as from injection. Although not physically addicting, cocaine can cause psychological dependence.

COCAINE: 1977, is the product of four years and \$4 million of research. It includes results of cocaine studies on the central nervous system, the behavior of animals and humans, toxicology, intoxication, characteristics of heavy users, and patterns of recreational use. NIDA estimates that almost 8 million Americans have tried cocaine at least once, and 1 million have used it in the past month.

NIDA Director Robert DuPont warned that "the moderate hazard presently posed by cocaine in the United States may be the result of its high cost and limited availability. Were it more readily available in larger quantity, more serious consequences of use might increase."

The euphoric effects of cocaine, including hyper-stimulation and feelings of great power and mental clarity, occur within minutes of use and can last up to 30 to forty minutes. Physically, cocaine constricts blood vessels, stimulates the central nervous system, and acts as a topical anesthetic. Heavy use of cocaine can cause sleeplessness, anxiety, and sometimes paranoid delusions and hallucinations. Repeated snorting can destroy nasal membranes and cause a perpetual and painful running nose.

The Art Experience in Addict Rehabilitation

From "The Art Experience in Addict Rehabilitation" by William E. Foulke and Timothy W. Keller, M.D. American Journal of Psychotherapy, Vol. 15, April 1976.

"Addicts are able to express their emotions only indirectly, through personally and socially destructive behavior. Addiction is a habitual attempt to manage emotional experience by external means. Alcohol and drug-dependent individuals use intoxicants as a means of warding off painful and overwhelming feelings, hoping in vain that they will then be able

to experience emotion in a manageable and controlled way.

"Many addict rehabilitation programs fail to meet the addict's need for integration of the life of feeling with the life of cognition and action. We have found that art can further a beginning synthesis of unconscious thought with conscious behavior in that it provides a safe form of expression that allows the addict a glimpse of his authentic self."

"Providing a therapeutic experience which facilitates what Maslow calls 'self-actualization' has continued to elude the formulators of popular approaches to drug and alcohol dependence." "... the use of art as a vehicle for self-exploration in the treatment of addicts can be uniquely helpful for a number of important reasons. Few addicts have previously participated in artistic activity. For them it is a novel form of expression offering opportunities for new kinds of mastery, and it is felt not to be threatening. Because it is outside the scope of their customary manipulations, art does not readily lend itself to the intellectualization and rationalization on which addicts rely to justify their feelings and behavior. In producing artwork, addicts are likely to be spontaneous and genuine. Art furnishes a medium through which they may begin to express feelings they would be reluctant to discuss, and to experience hitherto suppressed aspects of their psyches in a controlled manner without risk of being overwhelmed. Art permits the individual the sense of being in control of his own feelings, and of therefore being less vulnerable to control on the part of others."

MAR MEETING SCHEDULED

The Montana Association of Rehabilitation will hold its annual conference at the Outlaw Inn in Kalispell, October 12-14. See next HABIT for details.

Summer Camp Reveals Kids and Counselors As "Whole Persons"

by Karen Sloulin, Counselor

Butte Satellite Center

Southwest Montana Drug Program

The Butte and Anaconda Satellites of SMDP offered a weekend of camping and outdoor recreation for young clients, July 16-17, at Rock Creek Camp near Philipsburg.

We observed some problems in using this alternative program with youth. Many of our clients who were scheduled to attend the retreat cancelled at the last minute or had to be returned before the first day ended. We believe that the problem could be alleviated by having the youth invest more of their energy in active planning for the retreat. While at the retreat, some clients spent the greatest part of the time sleeping. I discovered that the retreat was one of the few times that many clients were able to sleep or rest in quiet and relative privacy. I'm certain the rest was as therapeutic for the clients as hiking or swimming.

Much valuable information was acquired by observing and interacting with clients for an extended period of time. I observed behaviors that were not evident in my outpatient contacts and should be able to make a more complete assessment and treatment plan with the information I gained.

The clients were also able to observe their counselors as whole people, and to see the counselor engaging in "nonprofessional activity" such as cleaning outhouses and falling in the creek. This was a most important aspect of the alternative program. I believe a client with this experience will be more willing to consider treatment issues presented by the counselor and to participate more actively with the counselor.

Although the retreat did not progress as anticipated, it was worth the time and energy used for planning and participation. Readers interested in the camp or planning process are encouraged to contact Karen Sloulin or Mike Stevenson, SMDP, 64 W. Broadway, Butte, MT 59701, 723-6519.

Lighthouse Family Meets SMDP Staff

Southwest Montana Drug Program outpatient drug abuse counselors visited Lighthouse Therapeutic Community at Golden State Hospital on July 18. The counselors' group meets regularly as the SMDP Treatment and Rehabilitation Committee to discuss program issues and client referral procedures.

Of special interest during the July meeting was the screening process for clients referred to Lighthouse, as well as outpatient counselor roles in client screening prior to admission to Lighthouse.

Maintaining open communication between the two programs facilitates referral of clients to Lighthouse, as well as from Lighthouse back to communities.

The recently completed site visit of Lighthouse conducted by NIDA was much discussed. Lighthouse was selected by contracted BRX evaluators from among 660 programs nationwide for study of a drug free therapeutic community serving a rural population. Forms, policies, procedures and philosophy developed for Lighthouse were used almost exclusively by BRX for the 74 page program description. Minor changes in treatment plan formulation were suggested by evaluators. The new outpatient client recordkeeping system seems to be working well, with many counselors reporting more goal focused records.

Lighthouse Director John Weida personally introduced Lighthouse staff and the resident family to outpatient counselors on a first name basis. The SMDP Treatment and Rehabilitation Committee agrees that getting to know outpatient counselors prior to graduation can improve chances of success once a resident of Lighthouse returns to the community and seeks support from one of the outpatient programs.

Following the meeting, three games of volleyball were played between Lighthouse and the outpatient staff. Even with help from some of the Lighthouse people, the outpatient counselors could manage only one victory.

TV Found Helpful In Women's Treatment

by Myrtle C. Mitchell, Counselor

Butte Satellite Center,

Southwest Montana Drug Program

The staff of the Butte SMDP Satellite has found video tape equipment most effective in assertiveness training in group therapy of female drug abusers.

The group is instructed in use of the equipment by taping and playback of individual conversations with each group member, allowing them to view their own behavior. All of the clients who have experienced this process have discovered that they look and sound different than they had expected.

After the group becomes comfortable with use of the video tape equipment, group members and therapists roleplay situations which individual members have difficulty handling, like asking for a raise or resisting sales pressure. When the client views the playback of these role playing situations, she is able to see how she was hooked into not being assertive.

Video tape equipment is a valuable adjunct to other assertiveness training techniques which help the client to practice new assertive behaviors. Observing her behavior enables the client to make positive changes in that behavior and in the manner in which she deals with living situations which are frightening or stressful.

Governor's Conference Report Reviews Pot Decriminalization

The final report of a study, commissioned by the National Governors Conference Center for Policy Research and Analysis, on the legal, medical and legislative issues relating to marijuana, was released March 31, 1977. The report should serve as an aid to state officials in designing new laws. It covers the impact of decriminalization on usage patterns, on criminal justice and health care system costs, and current state experiences with marijuana law revision.

The study contains a review of existing research, findings of site visits to nine individual states, and analysis of the research studies. The states visited include California, Ohio, Maine, Minnesota and Colorado which have decriminalized; Texas, which has substantially reduced penalties but has not decriminalized; and three states in which decriminalization legislation was introduced but not passed. Alaska, Oregon and South Dakota, states which have decriminalized, were not included in the study.

Though the report is claimed to be objective in nature, findings were generally reported as a variety of ways for a state to discourage marijuana use. With the exception of Los Angeles, Cal., states where decriminalization has taken place report neither increased use nor an influx of users from other states. Evidence strongly suggests that reform of marijuana laws results in substantial personnel and cost savings in the criminal justice system. Diversion

of marijuana offenders to appropriate programs can also realize substantial savings. The report identifies driving while under the influence of marijuana as an area of potential social costs resulting from decriminalization.

Two additional findings will be of particular interest to state and local legislators interested in decriminalization. Neither support for nor opposition to decriminalization was perceived by legislators and other elected officials as resulting in adverse political consequences. It was also noted that past decriminalization attempts did not succeed unless at least one law enforcement group supported the attempt or remained publicly neutral.

The three-volume report is available from the National Governor's Conference, Hall of the States, 444 N. Capitol St., Washington, D.C. 20001; price: \$22.50.

Annual HEW Report Ties Marijuana With Driving Impairment

HEW released its Sixth Annual Report to the Congress on Marijuana and Health in early March, summarizing latest findings on the question. Generally, the report states that though the number of users continues to increase, the level of marijuana use has remained stable among the general population over the last year. Use remains highest among adolescents and young adults in the 18-25 year age bracket, with a shift toward consumption of higher potency products.

The report notes that since accelerated heart rate is the most common and prominent physiological response to marijuana use, this may pose dangers to individuals with cardiac abnormalities. However, the Report states that "studies of normal young men have not revealed any serious effect on heart functioning."

In light of findings which "demonstrated detectable impairment in lung functioning after six to eight weeks of heavy cannabis smoking . . . heavy chronic use could well lead to clinically important changes similar to those found in heavy (tobacco) smokers."

Contradictory reports have resulted from attempts to replicate earlier studies of reduced immune response in marijuana smokers, though a recent rat study has led to further research in this area.

Research study findings on chromosomal breaks and abnormalities in human cell cultures caused by marijuana are inconclusive.

Research study findings on inhibition of DNA, RNA and protein synthesis (all related to cellular reproduction and metabolism) are still inconclusive.

Previous reports on marijuana-induced reductions in blood levels of testosterone (male hormone) have been explained by "varying time periods over which these levels were assayed." The biological significance of these findings " . . . remains in doubt."

Studies show no evidence of brain damage or impaired brain function due to marijuana use, though the seriousness of this potential hazard has led to further studies.

There is conclusive evidence that marijuana use at typical consumption levels definitely impairs driving ability and related psychomotor skills.

Recognized possible therapeutic uses of marijuana include management of glaucoma, reduction or elimination of nausea, vomiting and loss of appetite in chemotherapy of cancer patients, and treating asthma.

FEED THE HABIT!

Editorial comments, questions, letters, cartoons, sketches, photographs, job opportunity listings, client statements and discussions of professional research are welcome, along with news items and clippings of note.

Please address submissions to The Habit, AD8, 1539 11th Ave., Helena, MT 59601.



Reporting Supervisor Petaja

Introducing— Dick Petaja

Research capability at the Addictive Diseases Bureau has been expanded by the addition of DICK PETAJA (Pa-ti'-a) replacing Joan Rutledge as Reporting Supervisor. Dick is a social sciences researcher and as part of his duties will be conducting computer analysis of substance abuse program data to aid in State, program and clinic planning.

Prior to joining the State staff, Petaja worked in the Diagnostic and Evaluation program for Clinical Services at Montana State Prison in Deer Lodge. He is completing a M.A. degree in sociology at University of Montana, Missoula, where he graduated in '67 with a B.A. degree in Liberal Arts.

Following graduation, Petaja joined the Army, earned a commission in Ordnance through Officer's Candidate School, and spent six and a half years in the U.S., Europe and Vietnam.

Petaja is a native of Plitzville, Mt., which he describes as "out of Bonner which is out of Missoula." Dick and his wife Janie have three children, David, born in Italy, Amy, born in Alabama and the third, Susan, born in Missoula less than two months ago.

Describing himself as a researcher, not a programmer, Petaja considers the computer as a tool useful for data analysis. He somewhat cryptically describes his approach to work and life by saying "There is no such thing as a Black Forest elf," while recalling the beautiful and intricate clocks of Germany.

"Those clocks weren't made by elves," he says, "but by people with the right skills and tools and techniques. People can do anything if they're willing to develop their potential."

Petaja lists fly-tying, fishing and photography among his outside interests.

Feds Drop Beverage Tax Approach to Funding

The National Highway Safety Advisory Committee has reversed an earlier position favoring a proposed new federal alcohol tax to fund both alcoholism and highway safety programs. The Committee did recommend that states take the responsibility to enact such revenue measures to finance these programs at the state level.

The Chairman of the Department of Transportation committee, Trevor O. Jones, urged the Department to encourage individual states to adopt revenue legislation to "sufficiently fund future state-wide development of alcohol abuse, alcoholism prevention and treatment, and appropriate highway safety-related programs."

"Legislation, from which such revenue would be derived and earmarked for the funding of the respective State alcohol programs," Jones continued, "could range from an excise or user tax on alcohol beverages sold (subject to legislative review or public scrutiny), to a special court cost levied on alcohol-related convictions."



Program Evaluator Peressini

Introducing— Danny Peressini

The Addictive Diseases Bureau's site visit evaluation program has been boosted by the addition of DANNY PERESSINI (Pera-ce'-ne) in the new position of Program Evaluator.

A native of Havre, Peressini was formerly administrator of Hill-Top Recovery Center in Havre, an intermediate care facility for treatment of alcoholism. He started at Hill-Top in 1970 and was appointed administrator in 1974. While at Hill-Top, Peressini developed and implemented regional service delivery to eight counties, providing outreach, information and referral, outpatient treatment, 30-day inpatient treatment, follow-up and detox services.

Peressini is a recovering alcoholic of seven years sobriety. Prior to joining Hill-Top he was a tavern and restaurant operator and owner of Danny's Saloon in Havre. He has studied and attended special training sessions on alcoholism at a number of U.S. and Canadian universities.

Danny describes his basic philosophy of alcoholism treatment as the total person concept, involving treatment of physical, social, mental and spiritual aspects for overall success. He is married and father of five children. His outside activities center around the out-of-doors and include fishing, mineral collecting, hiking and hunting.